

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09937854

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
	1	1												
2		1					51							
3		1					52							
4		1					53							
5		1					54							
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44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.	1						100							
TOTAL DEP.		16												
TOTAL CLAIMS	14													